

● PRINTER RUSH ●

(PTO ASSISTANCE)

Application: <u>10/672,744</u>	Examiner: <u>Y. HORTON</u>	GAU: <u>3635</u>
From: <u>R. MITCHELL</u>	Location: <u>IDC</u> FMF FDC	Date: <u>11/2/08</u>

Tracking #: ERM 10/672,744 Week Date: 10/10/05

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
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<input type="checkbox"/> 312	_____	
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[RUSH] MESSAGE: OATH FOR CASE-IN-HAND IS MISSING. THE
OATH IN FILE IS FOR ANOTHER APPLICATION.

THANK YOU
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Done

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 REV 10/04

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JENNER & BLOCK

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Date: November 23, 2005

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Attn: Rori Burch

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Employee Number:

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Message:

Please see the following attached documents:

1. Transmittal Form (1 pg.)
2. Response to Notice to File Corrected Application Papers (2 pgs.)
3. Declaration (2 pgs.)
4. Copy of Notice to File Corrected Application Papers (1 pg.)

Total number of pages including this cover sheet: 7

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PTO/SB/21 (09-04)

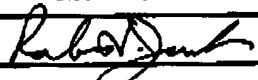
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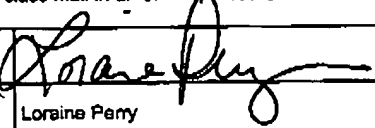
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/672,744	
	Filing Date	September 26, 2003	
	First Named Inventor	Norman W. Gavin	
	Art Unit	3635	
	Examiner Name	Yvonne Michele Horton	
Total Number of Pages in This Submission	6	Attorney Docket Number	34814-10131

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Declaration; copy of Notice to File Corrected Application Papers; Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Jenner & Block LLP, One IBM Plaza, Chicago, IL 60611	
Signature		
Printed name	Robert V. Jambor	
Date	November 23, 2005	Reg. No. 23,080

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Loraine Perry	Date November 23, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

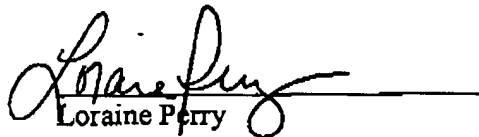
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PATENT
34814-10131

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: NORMAN W. GAVIN)	
)	
Serial No.: 10/672,744)	Examiner: Yvonne Michele Horton
)	
Filed: September 26, 2003)	Art Unit: 3635
)	
TITLE: STACKABLE RISER CONFIGURATION)	
)	

I hereby certify that this correspondence is being facsimile transmitted to the USPTO, facsimile number or deposited with the U.S. Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313 on this 23rd day of November, 2005.


Loraine Perry

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

RESPONSE TO NOTICE TO FILE
CORRECTED APPLICATION PAPERS

Sir:

Forwarded herewith please find a declaration signed by the inventors, correcting the deficiency noted in the Notice to Corrected Application Papers dated November 14, 2005.

It is believed that no fee is required for this procedure, but if a fee is necessary, please charge Deposit Account No. 10-0460

A copy of the Notice is enclosed herewith.

Respectfully submitted,



Robert V. Jambor, Reg. No. 23,080

Dated: November 23, 2005

JENNER & BLOCK LLP
One IBM Plaza
Chicago, IL 60611
Ph: (312) 923-2814

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION**
(37 CFR 1.63)

☐ Declaration Submitted with Initial Filing ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	34814-10050
First Named Inventor	Norman W. Gavin
COMPLETE IF KNOWN	
Application Number	09 / 946,293 <i>Perent</i>
Filing Date	September 4, 2001
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Norman W. Gavin
173 Church Street
Wallingford, CT 06492

a United States citizen

COVER FOR RISER SECTION AND METHOD OF USING COVER FOR ANCHORING RISER SECTION IN CONCRETE
(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **September 4, 2001** as United States Application Number or PCT International Application Number

Application Number **09/946,293** and was amended on (MM/DD/YYYY) [] (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)(1) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(e) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

(Page 1 of 2)

BURDEN HOUR STATEMENT This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20503.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☒ Correspondence address below

Name Stanley A. Schlitter, Esq.

JENNER & BLOCK, LLC

One IBM Plaza

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Chicago

IL

60611

City

State

ZIP

Country

USA

Telephone 312-923-2712

Fax 312-840-7712

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name Norman W.
(first and middle (if any))

Family Name Gavin
or Surname

Inventor's
Signature

October 10, 2001
Date

Wallingford
Residence: City

CT
State

Country

USA
Citizenship

Mailing Address 173 Church Street
Wallingford, CT 06492

Wallingford
City

CT
State

06492
ZIP

USA
Country

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle (if any))

Family Name
or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

City

State

ZIP

Country

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB-02A attached hereto

(Page 2 of 2)



UNITED STATES PATENT AND TRADEMARK OFFICE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Serial Number
10672744

Date Mailed
11/14/05

NOTICE TO FILE CORRECTED APPLICATION PAPERS***Notice of Allowance Mailed***

This application has been accorded an Allowance Date and is being prepared for issuance. The application, however, is incomplete for the reasons below.

Applicant is given 30 days from the mail date of this Notice within which to correct the informalities indicated below. A failure to reply will result in the application being ABANDONED. This period for reply is NOT extendable under 37 CFR 1.136 (a) or (b).

- Oath/declaration is missing from the application.

APPLICANT MUST SUPPLY MISSING INFORMATION WITHIN 30 DAYS OF THE MAIL DATE OF THIS NOTICE.

A copy of this notice **MUST** be returned with the reply. Please address response to Commissioner for Patents P.O. Box 1450
Alexandria, VA 22313-1450

A handwritten signature in dark ink, appearing to read "Rori Burch", written over a horizontal line.

Rori Burch
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Publishing Division
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Fax (703) 308-6642
703-305-0333 ext.135 (V)